

REQUEST FOR CERTIFIED BIRTH CERTIFICATES

Galion City Health Department • 113 Harding Way East; Galion, OH 44833 • 419/468-1075 Ext. 101

REQUEST FOR BIRTH CERTIFICATE(S):

NUMBER OF COPIES: _____

FULL NAME OF PERSON AT TIME OF BIRTH:	First	Middle	Last
Place of Birth:		Date of Birth:	
Parents Names:	Mother's First Name		Mother's Maiden Name
	Father's First Name		Father's Last Name
Please Print Your Name Here:		Your Signature	
Your Mailing Address		City	State Zip
Today's Date	For Office Use Only	Receipt # CC	

REQUEST FOR CERTIFIED DEATH CERTIFICATES

Galion City Health Department • 113 Harding Way East; Galion, OH 44833 • 419/468-1075 Ext. 101

REQUEST FOR DEATH CERTIFICATE(S)

NUMBER OF COPIES: _____

FULL NAME OF PERSON AT TIME OF DEATH:	First	Middle	Last
Place of Death:		Date of Death:	
Please Print Your Name Here:		Your Signature	
Your Mailing Address		City	State Zip
Today's Date	For Office Use Only	Receipt # CC	